

**IDAPA 16
TITLE 07
CHAPTER 37**

REVIEW DRAFT FOR NEGOTIATED RULEMAKING – LAST REVISED 4-01-08

Please note that this draft is for review only. This chapter draft is not published and not in effect. Negotiated rulemaking for these rules will be held during April and May of 2008. For more information go to: http://adm.idaho.gov/adminrules/bulletin/public_hearing.html or contact Program Manager Chuck Halligan at (208) 334-6559

16.07.37 – CHILDREN’S MENTAL HEALTH SERVICES – NEW CHAPTER

000. LEGAL AUTHORITY.

Under Sections 16-2404, 16-2406, 16-2423, 16-2433, 56-202(b), 56-203B, 56-204A, 56-1003, 56-1004, and 56-1004A, Idaho Code, the Idaho Legislature has delegated to the Department the responsibility to establish and enforce rules and methods of administration needed to provide children’s mental health services in accordance with the Children’s Mental Health Services Act. ()

001. TITLE AND SCOPE.

01. Title. The title of these rules is IDAPA 16.07.37, “Children’s Mental Health Services.” ()

02. Scope. This chapter defines the appeal process, scope of services, eligibility criteria, and application requirements for the provision of children’s mental health services by the Department. ()

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency has written statements which pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. The document is available for public inspection and copying at cost in the main office of this agency. ()

003. ADMINISTRATIVE APPEALS.

01. Appeal from a Denial Based on Eligibility Criteria. Administrative appeals from a denial of children’s mental health services based on the eligibility criteria under Section 407 of these rules are governed by the provisions of IDAPA 16.05.03, “Rules Governing Contested Case Proceedings and Declaratory Rulings.” ()

02. Appeal of Decision Based on Clinical Judgment. All decisions involving clinical judgment, which may include the category of services, the particular provider of services, or the duration of services, are reserved to the Department, and are not subject to appeal, administratively or otherwise, in accordance with Maresh v. State, 132 Idaho 221, 970 P.2d 14 (Idaho 1999). ()

004. INCORPORATION BY REFERENCE. (006)

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR), Washington, D.C., American Psychiatric Association, 2000, is hereby incorporated by reference under this chapter of rules. Copies of the manual are available from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC, 20005. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702. ()

005. OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- WEBSITE. (007)

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except

holidays designated by the state of Idaho. ()

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. ()

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. ()

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. ()

05. Internet Website. The Department's internet website is found at <http://www.healthandwelfare.idaho.gov>. ()

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS. (004)

01. Confidential Records. Any information about an individual covered by these rules and contained in the Department's records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." ()

02. Public Records. The Department will comply with Sections 9-337 through 9-350, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. ()

007. -- 008. (RESERVED).

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Compliance with Department Criminal History and Background Check. Department employees, applicants, transfers, reinstated former employees, student interns, contract employees, volunteers, and others assigned to programs that involve direct contact with children or vulnerable adults as defined under Section 39-5302, Idaho Code, must comply with the provisions in IDAPA 16.05.06, "Criminal History and Background Checks." ()

02. Availability to Work or Provide Service. Certain individuals are allowed to provide services after the criminal history and background check is completed as provided in Section 56-1004A, Idaho Code, except when they have disclosed a designated crime listed in IDAPA 16.05.06, "Criminal History and Background Checks." The criminal history and background check requirements applicable to each provider type are found in the rules that state the qualifications or certification of those providers. ()

010. DEFINITIONS AND ABBREVIATIONS A THROUGH E.

For the purposes of these rules, the following terms apply: ()

01. Alternate Care. Temporary living arrangements outside the family home which may include licensed foster care, residential treatment, and other facilities licensed by the state to provide twenty-four (24) hour care for children in accordance with IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing," or IDAPA 16.03.14, "Rules and Minimum Standards for Hospitals in Idaho." ()

02. Alternate Care Plan. A federally-required component of the Family Plan for children in alternate care. The alternate care plan contains elements related to reasonable efforts, the family's plan, child's alternate care provider, compelling reasons for not terminating parental rights, Indian status, education, immunization, medical and other information important to the day-to-day care of the child. An alternate care plan is part of the treatment plan for children placed in alternate care. ()

03. Area(s) of Concern. A circumstance or circumstances that brought a child and family to the attention of the Department. ()

04. Assessment. The gathering of historical and current clinical information through a clinical interview and from other available resources to identify the child's mental health issues, the child's strengths, the family's

strengths, and the service needs.

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05. Case Management. A change-oriented service provided to families that assures and coordinates the provision of an assessment, treatment planning, treatment and other services, protection, advocacy, review and reassessment, documentation, and timely closure of a case.

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06. Case Record. Compilation of all electronic and hard copy documentation relating to a child who is receiving or has received children's mental health services including legal documents, identifying information, and assessments.

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07. Child. An individual who is under the age of eighteen (18) years.

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08. Children's Mental Health Services. The children's mental health services are listed under Section 400 of these rules. These services are provided in response to the mental health needs of children with a serious emotional disturbance and their families in accordance with the provisions of Section 16-2401 *et seq.*, Idaho Code, the "Children's Mental Health Services Act."

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09. Clinician. Any of the direct service personnel with a Master's degree working in regional Children's Mental Health programs, including master's level social workers, psychologists, counselors, and family therapists.

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10. Crisis Intervention. A set of planned activities designed to reduce the risk of life-threatening harm to self or another person due to a serious emotional disturbance.

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11. Crisis Response. A response to assess risk to the child or others when a child is believed to be in imminent danger of causing life-threatening harm to self or another person due to a serious emotional disturbance. This may also be referred to as "emergency response."

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12. Day Treatment Services. Intensive nonresidential services that include an integrated set of educational, clinical, social, vocational, and family interventions provided on a regularly scheduled, typically daily, basis.

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13. Department. The Idaho Department of Health and Welfare or its designee. The Department is designated as the State Mental Health Authority under Section 39-3124, Idaho Code.

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14. Desired Result. Behaviorally-specific description of the child's and family's circumstances when the factors that brought the child and family to the Department's attention, either no longer exist or are significantly reduced.

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15. Director. The Director of the Idaho Department of Health and Welfare or his designee.

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16. Extended Family Member of an Indian Child. As defined by the law or custom of an Indian child's tribe or, in the absence of such law or custom, a person who has reached the age of eighteen (18) and who is an Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent.

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011. DEFINITIONS AND ABBREVIATIONS F THROUGH K.

For the purposes of these rules, the following terms apply:

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01. Family. A family is two (2) or more persons related by blood, marriage, or adoption.

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02. Family Support Services. Assistance provided to families to assist in managing the extra stresses that accompany caring for a child with serious emotional disturbance.

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03. Federal Poverty Guidelines. Guidelines issued annually by the Federal Department of Health and Human Services establishing the poverty income limits. The federal poverty guidelines for the current year may be found at: <http://aspe.hhs.gov/poverty/>.

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- 04. Guardian.** ()
- a.** An individual who has been appointed by a court of law to have and exercise the powers and responsibilities of a parent who has not been deprived of custody of his minor and unemancipated child, as set forth under Title 15, Chapter 5, Part 2, Idaho Code; or ()
- b.** The Department, an agency, or an individual, other than a parent, who is acting in the place of a parent (*in loco parentis*) and has assumed legal responsibility for, custody of, or possession of a child. ()
- 05. Independent Living.** Services provided to eligible foster or former foster youth ages fifteen (15) to twenty-one (21) designed to support a successful transition to adulthood. ()
- 06. Indian.** Any person who is a member of an Indian tribe or who is an Alaska Native and a member of a Regional Corporation as defined in 43 USC 1606. ()
- 07. Indian Child.** Any unmarried person who is under the age of eighteen (18) who is: ()
- a.** A member of an Indian tribe; or ()
- b.** Eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe. ()
- 08. Indian Child Welfare Act (ICWA).** The Indian Child Welfare Act, 25 USC 1901, *et seq.* ()
- 09. Indian Child's Tribe.** ()
- a.** The Indian tribe in which an Indian child is a member or eligible for membership; or ()
- b.** In the case of an Indian child who is a member of or eligible for membership in more than one (1) tribe, the Indian tribe with which the Indian child has the more significant contacts. ()
- 10. Indian Tribe.** Any Indian Tribe, band, nation, or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary because of their status as Indians, including any Alaska Native village as defined in 43 USC 1602(c). ()
- 11. Inpatient Services.** Mental health and medical services provided to a child admitted to a psychiatric hospital. ()
- 012. DEFINITIONS AND ABBREVIATIONS L THROUGH R.** ()
For the purposes of these rules, the following terms apply:
- 01. Licensed.** Facilities or programs that are licensed in accordance with the provisions of IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing," or hospitals licensed in accordance with IDAPA 16.03.14, "Rules and Minimum Standards for Hospitals in Idaho." ()
- 02. Medicaid.** Idaho's Medical Assistance Program administered under Title XIX of the Social Security Act. ()
- 03. Outpatient Services.** Mental health services provided to a child who is not admitted to a psychiatric hospital or in a residential treatment setting. ()
- 04. Parent.** A person who, by birth or through adoption, is considered legally responsible for a child. The term "guardian" is not included in the definition of parent. ()
- 05. P.L. 96-272.** Public Law 96-272, the federal "Adoption Assistance and Child Welfare Act of 1980." ()

06. P.L. 105-89. Public Law 105-89, the federal “Adoptions and Safe Families Act of 1997,” amends P.L. 96-272 and prohibits states from delaying or denying cross-jurisdictional adoptive placements with an approved family. ()

07. Reasonable Efforts. A court determination that the Department offered or provided services to a family intended to assist a child with serious emotional disturbance to remain in the family home, return to the family home, or to finalize a permanency plan. ()

08. Residential Treatment. A treatment facility licensed as a children’s residential care facility that provides twenty-four (24) hour care in a highly-structured setting delivering substitute parental care and mental health services. ()

09. Respite Care. Time-limited care provided to children. Respite care is utilized in circumstances which require short term, temporary placement of a child from the home of his usual care giver. The duration of an episode of respite care ranges from one (1) partial day up to fourteen (14) consecutive days. ()

013. DEFINITIONS AND ABBREVIATIONS S THROUGH Z.

For the purposes of these rules, the following terms apply: ()

01. Serious Emotional Disturbance (SED). An emotional or behavioral disorder or a neuropsychiatric condition which results in a serious disability, which requires sustained treatment interventions and causes the child’s functioning to be impaired in at least one (1) of the following areas: thought, perception, affect, and behavior. SED is established by diagnosis and substantial functional impairment: ()

a. DSM-IV-TR Diagnosis. An Axis I clinical disorder is required. A substance use disorder, conduct disorder, or developmental disorder alone does not constitute an eligible Axis I clinical disorder, although one (1) or more of these conditions may co-exist with an eligible Axis I clinical disorder; and ()

b. Substantial Functional Impairment. Functional impairment is assessed using the Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Child Functional Assessment Scale (PECFAS). Substantial functional impairment requires a full eight (8) (CAFAS) or seven (7) (PECFAS) scale score of eighty (80) or higher with “moderate” impairment in at least one (1) of the following three (3) scales: self-harmful behavior, moods/emotions, or thinking. ()

02. Sliding Fee Scale. A scale used to determine an individual’s cost for services based on Federal Poverty Guidelines and found in IDAPA 16.07.01, “Behavioral Health Sliding Fee Schedules.” ()

03. Teens at Risk. Individuals attending Idaho secondary public schools who have been identified as expressing or exhibiting indications of depression, suicidal inclination, emotional trauma, substance use, or other behaviors or symptoms that indicate the existence of, or that may lead to, the development of mental illness or a substance use disorder. ()

04. Teen Early Intervention Specialist. A person with a master's degree in social work, psychology, marriage and family therapy, psychosocial rehabilitation counseling, chemical dependency, addictive studies, psychiatric nursing, or very closely-related field of study contracted to work with teens at risk. ()

05. Treatment Foster Care. A service that provides clinical intervention for children with serious emotional disturbance within the private homes of trained, licensed foster families. ()

06. Title IV-E. Title IV-E under the Social Security Act provides funding for foster care maintenance and adoption assistance payments for certain eligible children. ()

07. Title XIX (Medicaid). Title XIX of the Social Security Act, known as Medicaid, is a medical benefits program jointly financed by the federal and state governments and administered by the states. This program pays for medical assistance for certain individuals and families with low income and limited resources. ()

08. Treatment Plan. A written and signed agreement between the Department and a parent or guardian that serves as the guide for the provision of services. The plan contains treatment goals, areas of concern, desired

results, and task responsibilities, including payment for services. The plan, developed with the child, when possible, and the child's parent or guardian clearly identifies who does what, when, and how. The treatment plan includes the alternate care plan, if the child is in alternate care. ()

09. Voluntary Placement Agreement. A standardized written agreement signed by a parent or guardian and the Department that outlines specific responsibilities of each party and authorizes the Department to place a child in alternate care. ()

10. Wraparound. Wraparound is a planning process that brings together a team of professionals and citizens working together to support children and families affected by a SED. Members of the team include the child, family members, representatives of public and private agencies, civic groups, and other community members. The services and supports focus on the strengths of the child and family, are provided in the local community, and are customized to fit the individual culture of the family. ()

014. -- 049. (RESERVED).

050. REGIONAL SERVICE AREAS.

Idaho has seven (7) regions or service areas for the administration of children's mental health services under these rules. ()

01. Region I - Behavioral Health. The counties of Benewah, Bonner, Boundary, Kootenai, and Shoshone. ()

a. Region I Office Address: 1250 Ironwood Drive, Suite 100 Coeur d'Alene, ID 83814. ()

b. Phone: (208) 769-1515. ()

02. Region II - Behavioral Health. The counties of Clearwater, Idaho, Latah, Lewis, and Nez Perce. ()

a. Region II Office Address: 1118 "F" Street, P. O. Drawer B, Lewiston, ID 83501. ()

b. Phone: (208) 799-4369. ()

03. Region III - Behavioral Health. The counties of Adams, Canyon, Gem, Owyhee, Payette, and Washington. ()

a. Region III Office Address: 3402 Franklin Rd., Caldwell, ID 83605. ()

b. Phone: (208) 459-0092. ()

04. Region IV - Behavioral Health. The counties of Ada, Boise, Elmore, and Valley. ()

a. Region IV Office Address: 1720 Westgate Dr., Suite C Boise, ID 83704. ()

b. Phone: (208) 334-6800. ()

05. Region V - Behavioral Health. The counties of Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls. ()

a. Region V Office Address: 601 Pole Line Road, Twin Falls, ID 83301. ()

b. Phone: (208) 734-4000. ()

06. Region VI - Behavioral Health. The counties of Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power. ()

a. Region VI Office Address: 1070 Hilina, Pocatello, ID 83201. ()

b. Phone: (208) 239-6239. ()

07. Region VII - Behavioral Health. The counties of Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton. ()

a. Region VII Office Address: 150 Shoup, Ste. 17, Idaho Falls, ID 83402. ()

b. Phone: (208) 528-5700. ()

051. -- 099. (RESERVED).

**GENERAL PROVISIONS FOR CHILDREN RECEIVING MENTAL HEALTH SERVICES
AND THEIR FAMILIES
(Sections 100 Through 399)**

100. GENERAL REQUIREMENTS FOR CHILDREN AND FAMILIES. (050)

01. Reasonable Efforts. A court determination that the Department offered or provided services to a family intended to assist a child with serious emotional disturbance to remain in the family home, return to the family home, or to finalize a permanency plan. ()

02. Least Restrictive Setting. Whenever possible, the Department will arrange placement: ()

a. In the least restrictive setting available that will meet the child's mental health treatment needs; and ()

b. That is in close proximity to the parent or guardian. ()

c. If the placements do not meet the requirements of Subsections 100.02.a. and 100.02.b. of this rule, the Department will provide written justification to the child's parent or guardian that the placement is in the best interests of the child. ()

03. Visitation for Child's Parent or Guardian. Visitation arrangements will be documented in the alternate care plan. ()

04. Notification of Change in Placement. ()

a. The Department will provide written notification to the child's parent or guardian no later than seven (7) days after a child's change of placement. ()

b. If a child is relocated to another alternate care setting, similar notice must be sent to the parent or Indian custodian of an Indian child, and the Indian child's tribe. Wherever these rules require notice to the parent or custodian and tribe of an Indian child, notice must also be provided to the Secretary of the Interior by certified mail with return receipt requested to Department of the Interior, Bureau of Indian Services, Division of Social Services, Code 450, Mail Stop 310-SIB, 1849 C Street, N.W., Washington, D.C. 20240. In addition, under 25 CFR Section 23.11, copies of such notices must be sent by certified mail with return receipt requested to the Portland Area Director, Bureau of Indian Affairs, 911 NE 11th Avenue, Portland, OR 97232. If the identity or location of the parent or Indian custodian and the tribe cannot be determined, notice of the proceeding must be given to the Secretary, who will provide notice to the parent or Indian custodian and tribe. ()

05. Notification of Right to Participate and Appeal. Written notification to the child's parent or guardian must be made regarding their right to discuss any changes and the opportunity to appeal if they disagree with changes in placement or visitation. ()

101. TREATMENT PLAN DEVELOPMENT. (050.12)

01. Completion of Treatment Plan. A treatment plan will be completed within thirty (30) days of the date the child was determined eligible for Children's Mental Health services. ()

02. Annual Development of Plan. The Department will develop a plan at least annually. The parent or guardian will be given the opportunity to participate in the development of the treatment plan and to sign it. If the parent or guardian refuses to sign the plan, the reason for their refusal will be documented on the plan. ()

03. One Hundred Twenty Day Review. Treatment plans are to be reviewed with the family at least once every one hundred twenty (120) days. ()

04. Goals and Tasks. Treatment plans will identify a long-term goal that is behaviorally-specific and has measurable desired results, including specific tasks that identify who, how, and when the tasks will be completed. ()

102. -- 104. (RESERVED).

105. CASE RECORDS. (060)

01. Electronic and Physical Files. The Department must maintain an electronic file and a physical file containing information on each child receiving children's mental health services. The physical file may include non-electronic documentation such as originals or original copies of all court orders, birth certificates, social security cards and assessment information which originates outside the Department. ()

02. Storage of Records. All physical case records must be stored in a secure file storage area, away from public access and retained not less than five (5) years after the case is closed, after which they may be destroyed, except complete family case records involving adoptive placements must be forwarded to the Department's central adoption unit for permanent storage. Case records involving Indian children must be available at any time at the request of an Indian child's tribe or the Secretary of the Interior. ()

106. -- 399. (RESERVED).

**CHILDREN'S MENTAL HEALTH SERVICES
(Sections 400 Through 499)**

400. CHILDREN'S MENTAL HEALTH SERVICES. (030)

The Department is the lead agency in establishing and coordinating community supports, services, and treatment for children with serious emotional disturbances and their families. The following services, as defined under Sections 010 through 013 of these rules, are provided by or through Children's Mental Health field offices in each region: **(640)** ()

01. Assessment. The gathering of historical and current clinical information through a clinical interview and from other available resources to identify the child's mental health issues, the child's strengths, the family's strengths, and the service needs. ()

02. Case Management. A change-oriented service provided to families that assures and coordinates the provision of an assessment, treatment planning, treatment and other services, protection, advocacy, review and reassessment, documentation, and timely closure of a case. ()

03. Crisis Response. A response to assess risk to the child or others when a child is believed to be in imminent danger of causing life-threatening harm to self or another person due to a serious emotional disturbance.

This may also be referred to as “emergency response.”

()

04. Day Treatment Services. Intensive nonresidential services that include an integrated set of educational, clinical, social, vocational, and family interventions provided on a regularly scheduled, typically daily, basis.

()

05. Family Support Services. Assistance provided to families to assist in managing the extra stresses that accompany caring for a child with serious emotional disturbance.

()

06. Independent Living. Services provided to eligible foster or former foster youth ages fifteen (15) to twenty-one (21) designed to support a successful transition to adulthood.

()

07. Inpatient Services. Mental health and medical services provided to a child admitted to a psychiatric hospital.

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08. Outpatient Services. Mental health services provided to a child in the community.

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09. Residential Treatment. Treatment facilities that provide twenty-four (24) hour care in a licensed, highly-structured setting delivering care and mental health services.

()

10. Respite Care. Time-limited care provided to children. Respite care is utilized in circumstances which require short term, temporary placement of a child from the home of his usual care giver. The duration of an episode of respite care ranges from one (1) partial day up to fourteen (14) consecutive days.

()

11. Treatment Foster Care. A service that provides clinical intervention for children with serious emotional disturbance within the private homes of trained, licensed foster families.

()

12. Wraparound. Wraparound is a planning process that brings together a team of professionals and citizens working together to support children and families affected by a SED. Members of the team include the child, family members, representatives of public and private agencies, civic groups, and other community members. The services and supports focus on the strengths of the child and family, are provided in the local community, and are customized to fit the individual culture of the family.

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401. TEENS AT RISK PROGRAM.

The Teens at Risk program is for individuals attending Idaho secondary public schools who have been identified as expressing or exhibiting indications of depression, suicidal inclination, emotional trauma, substance use, or other behaviors or symptoms that indicate the existence of, or that may lead to, the development of mental illness or a substance use disorder. The Department may enter into contracts for Teens at Risk programs in cooperation with Idaho public school districts. The Department reserves the right to make the final determination to award a school district a Teens at Risk contract.

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01. Application. School districts may apply to the Department through a competitive application process. The Department will provide written information to the State Department of Education and interested school districts on the amount of funding available, closing date for submission of applications, and information on how to obtain application forms and instructions by July 1 of each year that funding is available. Only applications submitted on the prescribed forms and consistent with Department instructions will be considered for evaluation.

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02. Contracting Process.

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a. A team comprised of at least one (1) Department staff person, a representative from the state Department of Education, a representative from the local school district, and a parent, will evaluate the applications from school districts for contracts for Teens at Risk programs. The evaluation criteria will include the demonstrated need for the program in the school district and the contribution the school district is providing to the program with a preference for rural school districts. The Department will consider the team recommendations and make the final determination of contracts for Teens at Risk programs.

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b. The number of school districts awarded a Teens at Risk program will depend upon the amount of specific funding appropriated by the legislature for this program.

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c. The Department will enter into a written contract with each school district awarded a Teens at Risk program. The contract will set forth the terms, services, data collecting, funding, and other activities prior to the implementation of the program. ()

03. Services. Teen early intervention specialists will be available to serve teens at risk within the school setting. Services will include group counseling, recovery support, suicide prevention and other mental health and substance use disorder counseling services as needed. Teens at risk who are not enrolled in public schools may only participate in services with the permission of the local school principal for the Teens at Risk program or when ordered by a judge. Parents of teens participating in the Teens at Risk program will not be charged for services provided by the program. ()

04. Outcomes. The Department will gather data and evaluate the effectiveness of the Teens at Risk program. The Department may contract with state universities or colleges to assist in the identification of appropriate data elements, data collection, and evaluation. Data elements used to evaluate the program may include: ()

- a. Teen arrests, detention, and commitments to state custody; ()
- b. Teen suicide rates; ()
- c. Impacts on juvenile mental health and drug courts; ()
- d. Access to mental health services; and ()
- e. Academic achievement and school disciplinary actions. ()

402. -- 404. (RESERVED).

405. ACCESSING CHILDREN'S MENTAL HEALTH SERVICES. (642)

Children's mental health services may be accessed either through an application for services or through a court order for services. An application for services must be signed by a child's parent or guardian. ()

406. MENTAL HEALTH ASSESSMENT.

Once an application has been signed or a court order has been received for children's mental health services, the Department will schedule and conduct a mental health assessment. A Department clinician will either complete a mental health assessment, or, at the Department's discretion, accept an assessment completed by another mental health professional. In order to be considered, assessments completed by other mental health professionals must have occurred within ninety (90) days from the time of application. The Department clinician will gather additional information, as needed, in order to complete the assessment process. ()

407. ELIBILITY DETERMINATION.

01. The Department Determines Eligibility for Children's Mental Health Services. The Department may, in its sole discretion, limit or prioritize mental health services, define eligibility criteria, or establish the number of persons eligible to receive specific services. ()

02. Eligibility Requirements. To be eligible for children's mental health services through a voluntary application to the Department, the applicant must: ()

- a. Be under eighteen (18) years of age; ()
- b. Reside within the state of Idaho; and ()
- c. Be determined by the Department to meet the definition of SED, as defined in this chapter, based upon a mental health assessment and an assessment of functional impairment. A determination of SED is not required for crisis response. ()

03. Court-Ordered Assessment, Treatment, and Services. The court may order the Department to

provide assessment, treatment, and services under the Children's Mental Health Services Act, Title 16, Chapter 24, Idaho Code and the Juvenile Corrections Act, Title 20, Chapter 5, Idaho Code. Subject to court approval, the Department will make efforts to include parents and guardians in the assessment, treatment, and service planning process. ()

04. Ineligible Conditions. ()

a. A child who does not meet the criteria for Axis I clinical disorder is not eligible for children's mental health services, other than crisis response. An applicant who has a substance use disorder, conduct disorder, or developmental disorder alone does not meet the criteria for having an Axis I clinical disorder. ()

b. Additionally, a child without a substantial functional impairment is not eligible for children's mental health services, other than crisis response. A functional impairment must exist as measured by the Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Child Functional Assessment Scale (PECFAS). Substantial functional impairment requires a full eight (8) scale on the CAFAS or seven (7) scale on the PECFAS score of eighty (80) or higher with "moderate" impairment in at least one (1) of the following three (3) scales: self-harmful behavior, moods/emotions, or thinking. ()

408. NOTICE OF CHANGES IN CHILDREN'S MENTAL HEALTH SERVICES.

Except when under court order, the Department may, upon ten (10) days' written notice, reduce, limit, suspend, or terminate children's mental health services. ()

409. CRISIS RESPONSE.

01. Situations That Indicate the Need for Crisis Response. The Department will respond to emergency situations in which a child is exhibiting any of the following: ()

a. Recent behavior that poses a significant risk to the health or safety of the child as evidenced by threats or attempts to commit suicide or inflict physical harm on himself; or ()

b. Recent behavior that poses a significant risk to the health or safety of the child's family or others as evidenced by behavior which has caused such harm or which places the child's family or others in reasonable fear of sustaining such harm; or ()

c. Recent behavior that poses a significant risk of substantial deterioration in the child's condition as indicated by psychotic symptoms, including delusions, hallucinations, or disorganized thinking that cannot be eliminated by the use of supportive services or intervention by the child's parents, or mental health professionals, and treatment in the community while the child remains in his family home. ()

02. Immediate Intervention. If the Department determines that an emergency exists that necessitates immediate intervention, crisis response services or a crisis intervention will be arranged immediately. ()

410. NOTICE OF DECISION ON ELIGIBILITY.

01. Notification of Eligibility Determination. The Department will determine the child's eligibility for children's mental health services within thirty (30) calendar days of receipt of a signed application for services. Within five (5) working days of the determination of eligibility, the Department will send written notification to the child's parent or guardian of the eligibility determination. The written notice will include: ()

a. The child's name and identifying information; ()

b. A statement of the decision; ()

c. A concise statement of the reasons for the decision; and ()

d. The process for pursuing an administrative appeal regarding eligibility determinations. ()

02. Parental Rights. If the Department determines that an applicant is eligible for children's mental

health services through the Department, the Department clinician must inform the child's parent or guardian that they have the right to reject the services offered by the Department, unless imposed by law or court order. ()

03. Other Information that Must be Provided to the Family. The clinician must also inform the family that fees may be charged for certain services, in accordance with IDAPA 16.07.01, "Behavioral Health Sliding Fee Schedules," and that a parent has financial responsibility for the child; ()

04. Reapplication for Mental Health Services. If the Department determines that a child is not eligible for children's mental health services through the Department, the child's parent or guardian may reapply after six (6) months or at any time upon a showing of a substantial, material change in circumstances. ()

411. -- 414. (RESERVED).

415. TREATMENT PLAN. (642.01)

A treatment plan will be developed by the Department, a parent or guardian, and the child, if appropriate, and may include the service provider. This plan will be specific, measurable, and realistic in the identification of the goal(s), relevant areas of concern, and desired results, and will be developed in accordance with the requirements under Section 101 of these rules. ()

416. OUTCOMES FOR CHILDREN'S MENTAL HEALTH SERVICES. (641.01)

Outcomes for children's mental health services are measured through the administration of a standardized functional assessment tool, such as CAFAS or PECFAS and satisfaction survey. ()

417. USE OF PUBLIC FUNDS AND BENEFITS. (642.04)

Public funds and benefits will be used to provide services for children with serious emotional disturbances and their families. Services should be planned and implemented to maximize the support of the family's ability to provide adequate safety and well-being for the child at home. If the child cannot receive adequate services within the family home, community resources will be provided to minimize the need for institutional or alternate care placement. Services will be individually planned with the family to meet the unique needs of each child and family. Services will be provided without requiring that a parent or guardian relinquish custody of the child. ()

418. CHARGES TO PARENT(S). (643)

Parent(s) of a child with SED who is receiving outpatient services either directly from the Department or through Department contracts with private providers, are responsible for paying for services provided to their child and to their family, including court-ordered children's mental health services. The amount charged for each service will be in accordance with the ability of parent(s) to pay as determined by the sliding fee scale found in IDAPA 16.07.01, "Behavioral Health Sliding Fee Schedules." Parent(s) will not be charged for services provided to their child through a Teens at Risk program. ()

419. SLIDING SCALE FEE FOR CHILDREN'S MENTAL HEALTH OUTPATIENT SERVICES. (644)

The sliding scale fee for outpatient children's mental health services will be determined using the sliding fee scale in IDAPA 16.07.01, "Behavioral Health Sliding Fee Schedules," Section 300. ()

420. FEE DETERMINATION FOR CHILDREN'S MENTAL HEALTH OUTPATIENT SERVICES. (645)

Prior to the delivery of outpatient services, an application for services and a "Fee Determination" form must be completed by a child's parent when requesting children's mental health services. The fee determination process includes the considerations found under IDAPA 16.07.01, "Behavioral Health Sliding Fee Schedules," Section 400. ()

421. -- 499. (RESERVED).

**ALTERNATE CARE
(Sections 500 Through 599)**

500. AUTHORITY FOR ALTERNATE CARE PLACEMENT. (400)

The Department may place a child into alternate care under the following conditions: ()

01. Court Order. When the Department has been ordered by the Court to provide alternate care for a child; or ()

02. Voluntary Placement. ()

a. When a parent or guardian is no longer able to maintain a child with SED in the child's home and the Department determines that the child would benefit from alternate care and treatment services, the child may be placed in alternate care with the Department. A treatment plan, alternate care plan, and a voluntary placement agreement must be developed by the Department and the family prior to the child's placement in alternate care. The treatment plan will identify areas of concern, goals, desired results, time frames, tasks and task responsibilities. ()

b. The voluntary placement agreement will include the terms for reimbursement of costs with any necessary justification for deviation from Child Support guidelines. A contract between the Department and the service provider, if applicable, must also be in effect. ()

c. A voluntary placement agreement entered into between the Department and a parent or the guardian of a minor child may be revoked at any time by the child's parent or guardian. ()

d. Voluntary alternate care placements exceeding one hundred eighty (180) days, without a judicial determination that it is in the best interests of the child to continue his current placement, cannot be reimbursed by Title IV-E funds. The Department may request the court hold a hearing for the child in accordance with 16-2407(3), Idaho Code. ()

501. PROTECTIONS FOR CHILDREN IN ALTERNATE CARE.

01. Statutory Requirements. The Department must arrange alternate care in accordance with the protections established in Public Law 96-272; the federal "Adoption Assistance and Child Welfare Act of 1980," as amended by Public Law 105-89; the Adoption and Safe Families Act of 1997; the Children's Mental Health Services Act, Section 16-2401 *et seq.*, Idaho Code; the Child Protective Act, Section 16-1601 *et seq.*, Idaho Code; and the Indian Child Welfare Act. ()

02. Requirement for Licensure. A child that is placed in alternate care must be placed in a licensed foster home, licensed residential care facility, or in a licensed hospital. ()

03. Out-of-State Placement. Placement of a child in an alternate care setting outside the state of Idaho requires that the Department comply with the Interstate Compact on the Placement of Children, in accordance with Section 16-2102, Idaho Code. (428) ()

502. (RESERVED).

503. DATE A CHILD ENTERED ALTERNATE CARE. (403)

A child is considered to have entered alternate care on the date the child is actually placed in an alternate care setting. All alternate care benefits, eligibility determinations, and required reviews are based on the date the child entered alternate care. ()

504. TITLE IV-E AND TITLE XIX ELIGIBILITY. (900)

Children placed in alternate care through the Department are eligible for Title IV-E funding and Title XIX, if they meet the eligibility requirements as defined in IDAPA 16.06.01, "Rules Governing Family and Children's Services." Application for these programs will be made by Department clinicians on the forms and in the manner prescribed by the Department's Division of Family and Community Services. ()

505. ALTERNATE CARE LICENSURE. (480)

All private homes and facilities in Idaho providing alternate care for children under these rules must be licensed in accordance with IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing," unless foster care placement of an Indian child is made with a foster home licensed, approved, or specified by the Indian child's tribe, or an institution for children approved by an Indian tribe or operated by an Indian organization. ()

506. ALTERNATE CARE CASE MANAGEMENT. (405)

Case management must continue while the child is in alternate care and must include the following: ()

01. Preparation for Placement. Preparing a child for placement in alternate care is the joint responsibility of the child's parent or guardian, the child (when appropriate), the clinician and the alternate care provider. ()

02. Information for Alternate Care Provider. The Department and the child's parent or guardian must inform the alternate care provider of their roles and responsibilities in meeting the needs of the child and provide the following information: ()

a. Any medical, health, and dental needs of the child including the names and addresses of the child's doctor, dentist, and other health providers, a record of the child's immunizations, the child's current medications, the child's known medical problems, and any other pertinent health information concerning the child; ()

b. The child's current functioning and behaviors; ()

c. The child's history, past experiences, and reasons for placement into alternate care; ()

d. The child's cultural and racial identity; ()

e. Any educational, developmental, or special needs of the child; ()

f. Names and addresses of the child's educational providers; ()

g. The child's interests and talents; ()

h. The child's attachment to current caretakers; ()

i. The individualized and unique needs of the child; ()

j. Procedures to follow in case of emergency; and ()

k. Any additional information that may be required to meet the needs of the child. ()

03. Consent for Medical Care. A parent or guardian must sign a Departmental form of consent for medical care and keep the clinician advised of where they can be reached in case of an emergency. Any refusal to give medical consent must be documented in the case record. ()

04. Financial Arrangements. The clinician is responsible for explaining the financial and payment arrangements to the alternate care provider and must complete the documentation required for payment to the alternate care provider. ()

05. Contact with Child. The child's parent or guardian, the clinician, the alternate care provider, and the child, if of appropriate developmental age, must establish a schedule for frequent and regular visits between the child and the family and the clinician or his designee. ()

a. Face-to-face contact in the alternate care or treatment setting between the child and the clinician must occur at least monthly. ()

b. Face-to-face contact between the child's parent or guardian and the clinician must occur at least monthly. ()

c. Frequent and regular contact between the child, the child's parent or guardian, and other family members will be encouraged and facilitated unless it is specifically determined by the Department not to be in the best interest of the child. Such contact will be face-to-face if possible, with this contact augmented by telephone calls, written correspondence, pictures and the use of video and other technology as may be relevant and available. ()

d. When a child is placed in alternate care in another state, a Department clinician must maintain at least monthly contact with the child, the child's family, and the alternate care provider with whom he has been placed as long as the state of Idaho has the placement responsibility for the child, in accordance with Section 500 of these rules. The supervising agency in the state where the child is living will be requested to maintain monthly, face-to-face contact with the child and make quarterly reports to the Department in accordance with arrangements made through the Interstate Compact on the Placement of Children. ()

06. Transition Planning. Planning for transition from alternate care will be developed with all concerned parties. Transition planning will be initiated at the time of placement and completed prior to the child's return home or to another living arrangement. ()

07. Financial and Support Services. As part of the transition planning, Departmental and community resources will be coordinated to expedite access to Department financial and medical assistance and community support services. ()

507. -- 521. (RESERVED).

522. ALTERNATE CARE PLANNING. (422)

Alternate care planning is mandated by the provisions of Sections 471(a)(15) and 475, P.L. 96-272. ()

01. Alternate Care Plan Required. Each child receiving alternate care under the supervision of the state must have a standardized written alternate care plan. ()

a. The purpose of the plan is to facilitate the provision of mental health treatment services and the safe return of the child to his or her own home as expeditiously as possible, or to make other permanent arrangements for the child if such return is not feasible. ()

b. The alternate care plan must be included as part of the treatment plan. ()

02. Written Alternate Care Plan. The Department must have completed a written alternate care plan within thirty (30) days after a child has been placed in alternate care. ()

a. A parent or guardian and the child, to the extent possible, must be involved in planning, selecting, and arranging the alternate care placement and any subsequent changes in placement. ()

b. The alternate care plan must include documentation that a parent or guardian has been provided written notification of: ()

i. Visitation arrangements made with the alternate care provider, including any changes in their visitation schedule; ()

ii. Any change of placement, when the child is relocated to another alternate care or institutional setting, no later than seven (7) days after placement; and ()

iii. Their right to discuss any changes and to seek recourse if they disagree with any changes in visitation or other alternate care arrangements. ()

c. All parties involved in developing the alternate care plan, including the alternate care provider, parent or guardian, and the child, if of appropriate developmental age: ()

i. Will be asked by the Department to sign the alternate care plan which includes a statement indicating that they have read and understood the alternate care plan; and ()

ii. Will receive a copy of the alternate care plan from the Department. ()

523. -- 535. (RESERVED).

536. PARENTAL FINANCIAL SUPPORT FOR CHILDREN IN ALTERNATE CARE. (436)

In accordance with Sections 56-203B and 16-2406, Idaho Code, parent(s) are responsible for costs associated with the care of their child in alternate care. ()

01. Notice of Parental Responsibility. The Department must provide the parent(s) with written notification of their responsibility to contribute toward the cost of their child's support, treatment and care, including clothing, medical, incidental and educational costs. ()

02. Financial Arrangements with Parent(s). Parent(s) are responsible to reimburse the Department for the costs of alternate care when their child is placed in alternate care pursuant to court order or voluntary placement agreement. ()

a. The amount of support is based on each parent's income, the costs of care for the child, and any unique circumstances affecting the parents' ability to pay. ()

b. Every parent is expected to contribute to the cost of their child's care, but no parent will be asked to pay more than the actual cost of care, including clothing, medical, incidental and educational costs. ()

c. The amount charged for services when a child is living outside of his or her home in alternate care will be in accordance with a parent's ability to pay as determined by a sliding scale (cost of care as compared with each parent's available income and consideration of indebtedness) applied by the Department's Bureau of Child Support Services. ()

d. The Department will refer the parent(s) to the Bureau of Child Support Services for support payment arrangements. **(441)** ()

537. SUPPORT AGREEMENTS AND SUPPORT ORDERS. (439)

01. Support Agreement for Voluntary Placement. If the placement is voluntary, a parent must sign a support agreement that specifies the amount of support to be paid, when it is to be paid, to whom it is to be paid, and the address to which it is to be paid. ()

02. Support Order for Payment of Involuntary Placement Costs. In the case of a court-ordered placement, if no support agreement has been reached with a parent prior to the court hearing, the Department may request the Court hold a support hearing to establish a support order for payment of involuntary placement costs. ()

538. -- 539. (RESERVED).

540. INSURANCE COVERAGE. (440)

Parent(s) or guardian(s) must inform the Department of all insurance policies covering the child, including names of carriers, and policy or subscriber numbers. If medical, health, and dental insurance coverage is available for the child, parent(s) must acquire and maintain such insurance. ()

541. MEDICAL CARD FOR CHILDREN IN ALTERNATE CARE. (442)

The Department will issue a medical card to cover medical expenses for each child placed in alternate care. ()

542. -- 543. (RESERVED).

544. MEDICAL EMERGENCIES. (444)

In case of serious illness, the alternate care provider must immediately seek medical attention for the child and notify the Department as soon as possible. A parent or guardian, the court in an emergency, or the Department, if it is the guardian of the child, has the authority to consent to major medical care or hospitalization in accordance with Section 39-4504, Idaho Code. ()

545. DENTAL CARE. (445)

Each child age three (3) years or older who is placed in alternate care must receive a dental examination as soon as possible after placement, but not later than ninety (90) days, and thereafter according to a schedule prescribed by the

dentist. ()

01. Costs Paid by Medicaid. If dental care not included in the state medical assistance program is recommended, a request for payment will be submitted to the state Medicaid dental consultant. ()

02. Emergencies. Emergency dental services will be provided for children in alternate care and paid for by the Department, if there are no other financial resources available. ()

546. COSTS OF PRESCRIPTION DRUGS. (446)

The Department will purchase prescribed drugs, at the Medicaid rate, for a child in alternate care through participating pharmacies. ()

547. MEDICAL EXAMINATION UPON ENTERING ALTERNATE CARE. (447)

Within thirty (30) days of entering alternate care, each child will receive a medical examination to assess the child's health status, and thereafter according to a schedule prescribed by the child's physician or other health care professional. ()

548. -- 550. (RESERVED).

551. DRIVERS' TRAINING AND LICENSES FOR CHILDREN IN ALTERNATE CARE. (451)

Only a parent or guardian of a child in alternate care may authorize drivers' training, provide payment, and sign for drivers' licenses and permits. ()

552. -- 580. (RESERVED).

581. FACILITIES OPERATED BY THE STATE. (481)

Facilities operated by the State and providing care for children under these rules must meet the standards for child care licensure in accordance with IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing" or hospital licensure in accordance with IDAPA 16.03.14, "Rules and Minimum Standards for Hospitals in Idaho." ()

582. (RESERVED).

583. PAYMENT TO FAMILY ALTERNATE CARE PROVIDERS. (483)

Monthly payments for care provided by family alternate care providers:

Family Alternate Care Payments - Table 583			
Ages	0-5	6-12	13-18
Monthly Room and Board	\$274	\$300	\$431

()

01. Gifts. An additional thirty dollars (\$30) for Christmas gifts and twenty dollars (\$20) for birthday gifts will be paid in the appropriate months. ()

02. Clothing. Costs for clothing will be paid, based upon the Department's determination of each child's needs. All clothing purchased for a child in alternate care becomes the property of the child. ()

03. School Fees. School fees due upon enrollment will be paid directly to the school or to the foster parents, based upon the Department's determination of the child's needs. ()

584. ADDITIONAL PAYMENTS TO FAMILY ALTERNATE CARE PROVIDERS. (484)

For those children who require additional care above room, board, shelter, daily supervision, school supplies, and personal incidentals, the Department may pay the family alternate care provider an additional amount to that paid under Section 583 of these rules. The family alternate care rate is based upon a continuous ongoing assessment of the

child's circumstances which necessitate special rates as well as the care provider's ability, activities, and involvement in addressing those special needs. Additional payment will be made as follows:

Additional Family Alternate Care Payments - Table 584		
Low Level of Need	Moderate Level of Need	High Level of Need
\$90 per month	\$150 per month	\$240 per month

01. Lowest Level of Need. Ninety dollars (\$90) per month for a child requiring a mild degree of care for documented conditions including: ()

- a. Chronic medical problems; ()
- b. Frequent, time-consuming transportation needs; ()
- c. Behaviors requiring extra supervision and control; and ()
- d. Need for preparation for independent living. ()

02. Moderate Level of Need. One hundred fifty dollars (\$150) per month for a child requiring a moderate degree of care for documented conditions including: ()

- a. Ongoing major medical problems; ()
- b. Behaviors that require immediate action or control; and ()
- c. Alcohol or substance use disorder. ()

03. Highest Level of Need. Two hundred forty dollars (\$240) per month for a child requiring an extraordinary degree of care for documented conditions including: ()

- a. Serious emotional or behavioral disorder that requires continuous supervision; ()
- b. Severe developmental disability; and ()
- c. Severe physical disability such as quadriplegia. ()

04. Reportable Income. Additional payments for more than ten (10) qualified children received during any calendar year must be reported as income to the Internal Revenue Service. ()

585. -- 599. (RESERVED).

600. TREATMENT FOSTER CARE. (485)

Treatment foster care homes are family homes licensed to provide foster care for children. In a family home setting, treatment foster parents provide twenty-four (24) hour room and board as well as therapeutic services and a high level of supervision. Services provided in treatment foster care are at a more intense level than provided in foster care and at a lower level than provided in residential care. Services may include the following: participation in the development and implementation of the treatment plan, crisis intervention, documentation of services and the child's behavior, participation as a member of a multi-disciplinary team, and transportation. Placement into a treatment foster home for children with a serious emotional disturbance is based on the documented needs of the child and the inability of less restrictive settings to meet the child's needs. ()

- 01. Qualifications.** Treatment foster parents must: ()

a. Meet all foster family licensure requirements as set forth in IDAPA 16.06.02, “Rules Governing Standards for Child Care Licensing”; and ()

b. Complete fourteen (14) hours of additional training per year. The fourteen (14) hours of additional training will be specified in an agreement developed between the treatment foster parents and the Department. ()

02. Payment. The Department will pay treatment foster parents for regular services in accordance with the monthly payment rates specified under Sections 583 and 584 of these rules. For services and costs above the monthly payment rates specified under Sections 583 and 584 of these rules, payment will be made to treatment foster parents in accordance with a contract with the Department. ()

03. Treatment Plan. The treatment foster parent(s) must implement a treatment plan, developed in conjunction with the child’s clinician, for each child in their care. ()

601. -- 699. (RESERVED).

700. RESIDENTIAL CARE FACILITIES. (487)

Residential care facilities provide a high level of clinical services in a more restrictive setting than treatment foster care. Residential care facilities are licensed under IDAPA 16.06.02, “Rules Governing Standards for Child Care Licensing” to provide residential care for children and staffed by employees who cover assigned shifts. Services may include the following: assessment, supervision, treatment plan development and implementation, documentation, behaviorally focused skill building, service coordination or clinical case management, consultation, psychotherapy, psychiatric care, and twenty-four (24) hour crisis intervention. Placement into a residential care facility for children with a serious emotional disturbance is based on the documented needs of the child and the inability of less restrictive settings to meet the child’s needs. ()

01. Referral. Any referral of a child by the Department to a residential care facility where the Department would be making full or partial payment, will be prior authorized by the Department’s Behavioral Health Human Services Field Program Manager or his designee. ()

02. Payment. When care is purchased from private providers, payment will be made in accordance with a contract authorized by the Department, based on the needs of each child being placed and the services to be provided. When care is provided in facilities operated by the Department, payment will be arranged in cooperation with Department fiscal officers. ()

701. -- 799. (RESERVED).

800. SIX MONTH REVIEWS FOR CHILDREN IN ALTERNATE CARE PLACEMENTS. (240)

Unless a judicial review occurs at the end of a six (6) month period in an alternate care placement, the Department will conduct an individual case review to assure compliance with all applicable state and federal laws, and to ensure the plan focuses on the goals of safety, permanency, and well-being of the child. ()

01. Notice of Six Month Review. Parent(s) or guardian(s), foster parents, and an Indian child’s tribe are to be provided with notice of and an opportunity to be heard in the six (6) month review. Participants have the right to be represented by the individual of their choice. ()

02. Procedure in the Six Month Review. The parties will be given the opportunity for face-to-face discussion including attending, asking questions and making statements. ()

03. Members of Six Month Review Panel. The review panel must include a Department employee who is not in the direct line of supervision in the delivery of services to the child or a parent or guardian being reviewed. The review panel may include agency staff, staff of other agencies, officers of the court, members of Indian tribes and citizens qualified by experience, professional background or training. Members of the panel will be chosen by and receive instructions from the Department’s Behavioral Health Human Services Field Program Manager or his designee, to enable them to understand the review process and their roles as participants. ()

04. Considerations in Six Month Review. Whether conducted by the court in a review hearing or a Department review panel, under state law, federal law and regulation, each of the following must be addressed:()

- a. Determine the extent of compliance with the treatment plan; ()
- b. Determine the extent of progress made toward alleviating or mitigating the causes necessitating the placement; ()
- c. Review compliance with the Indian Child Welfare Act, when applicable; ()
- d. Determine the safety of the child, the continuing need for and appropriateness of the child's placement; and ()
- e. Project a date by which the child may be returned and safely maintained at home or placed for adoption, guardianship, or other permanent placement. ()

05. Recommendations and Conclusions of Six Month Review Panel. Following the review, written conclusions and recommendations will be provided to all participants, subject to Department safeguards for confidentiality. ()

801. PERMANENCY HEARINGS FOR CHILDREN IN ALTERNATE CARE PLACEMENTS. (250)

Under Public Law 105-89, Adoption and Safe Families Act, and Idaho Code, every child in alternate care under state supervision must also have a Permanency Hearing conducted by the court or a court designee. Permanency hearings must be held no later than twelve (12) months after the date of the child's placement in alternate care and no later than every twelve (12) months thereafter while the child remains under the care of the Department. A twelve (12) month permanency hearing will be held by the court having jurisdiction in the case, if that is the preference of the court. If the court does not wish to conduct this hearing, the court may appoint a hearing officer. The appointed hearing officer may not be supervised or reimbursed by the Department. ()

01. Department Request for Permanency Hearing. The Department may request the court hold a permanency hearing for a child in accordance with 16-2407(3), Idaho Code. ()

02. Attendance at Permanency Hearings. The permanency hearing includes, at a minimum, the child's parent or guardian, foster parent of a child, any preadoptive parent or relative providing care for the child, and the child's Indian tribe, if applicable. Parties will be provided, by the court, with written notice of the hearing and opportunity to be heard. This is not to be construed to require that any foster parent, preadoptive parent, or relative providing care for the child be made a party to the hearing solely on the basis of such notice and opportunity to be heard. ()

03. Judicial Determinations. The court, or an officer designated by the court, will determine if the Department has made reasonable efforts to finalize a permanency plan for the child and issue an order specifying the permanency plan. ()

802. -- 999. (RESERVED).